## Medicaid Buy-In Program for Children with Disabilities: Income Chart and Premium Guide

## Children's Buy-In Eligibility Overview:

The Medicaid Buy-In Program for Children with Disabilities (Children's Buy-In) is a Family Medical Assistance program that will provide Medicaid benefits for children who are under age 19, have a qualifying disability and whose adjusted family income is at or below 300% of the Federal Poverty Level (FPL).

Eligible families will receive Medicaid benefits for their child with a disability by paying a monthly premium on a sliding scale based on their adjusted income.

## **Estimation Calculation for Financial Eligibility and Premium Payment:**

To qualify financially for the Children's Buy-In, families must have an adjusted family income at or below 300% FPL. In general, the adjusted income is calculated by reducing the total income for the household family members by 33%. Please note that there are further income adjustments that may be made at the time of application.

To **estimate** financial eligibility and monthly premium, use the following steps:

- A. Family Size:
  - a. Determine the number of family members in your household, including yourself.
- B. Estimate of Monthly Income:
  - a. Add the monthly income (before taxes) for all of the family members in your household (Include income from a job and any other income, such as child support, alimony, etc.).
  - b. Multiply the total monthly income amount by 0.6666 (\$ x 0.6666 = *Estimate of Monthly Income*)
- C. Using your *Family Size* and *Estimate of Monthly Income*, refer to the Income Chart and Premium Guide.

<b>Family Size</b>	Monthly Income After Income Adjustments			
1	0 - 1,239	1,240 - 1,723	1,724 - 2,328	2,329 - 2,794
2	0 - 1,677	1,678 - 2,333	2,334 - 3,153	3,154 - 3,784
3	0 - 2,116	2,117 - 2,944	2,945 - 3,978	3,979 – 4,774
4	0 – 2,555	2,556 - 3,554	3,555 - 4,803	4,804 - 5,764
5	0 – 2,994	2,995 - 4,165	4,166 - 5,628	5,629 - 6,754
6	0 - 3,433	3,434 - 4,775	4,776 - 6,453	6,454 - 7,744
7	0 - 3,872	3,873 - 5,386	5,387 - 7,278	7,279 – 8,734
8	0 - 4,311	4,312 - 5,996	5,997 - 8,103	8,104 - 9,724
9	0 – 4,750	4,751 - 6,607	6,608 - 8,928	8,929 – 10,714
10	0 - 5,189	5,190 - 7,217	7,218 - 9,753	9,754 – 11,704
Federal Poverty Level (FPL)	0% - 133%	134% - 185%	186% - 250%	251% - 300%
Monthly Premium	<b>\$0</b>	<b>\$70</b>	\$90	\$120

**NOTE:** This chart is based on 2012 Federal Poverty Level (FPL) guidelines.

Visit the Department Web site at <a href="Colorado.gov/hcpf/MedicaidBuyInPrograms">Colorado.gov/hcpf/MedicaidBuyInPrograms</a> for additional information and resources

Contact Customer Service with any questions: 303-866-3513 or 1-800-221-3943

